

Compassion Care Service Limited

# Compassion Care Service Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 18 and 19 December 2017 and was announced.

This was the first comprehensive inspection carried out at Compassion Care.

Compassion Care provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge and medication support. At the time of our inspection there were 13 people receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff who were employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

Staff provided care and support in a caring and meaningful way. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was

maintained at all times.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received one to one supervision that gave them an opportunity to share ideas, and exchange information. The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

There were systems in place to protect people from the risk of avoidable harm and staff were knowledgeable about their responsibilities. Staff followed procedures to help prevent and control infections.

There was sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

### Is the service effective?

Good ●

This service was effective.

People's needs were assessed and their needs met by staff that had received appropriate training. People were supported to maintain their health and well-being and were provided with a choice of meals that supported them to maintain a balanced diet and adequate hydration.

The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

### Is the service caring?

Good ●

This service was caring.

Staff knew people well and had a good understanding of people's needs and preferences.

Staff supported people to express their views and be actively

involved in making decisions about their care.

People's privacy, dignity and independence needs were understood and respected by staff.

### Is the service responsive?

Good ●

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

People had information on how to make complaints and the provider had procedures they followed to manage and learn from complaints.

The staff team had received training on end of life/palliative care and people and their families were supported when coming to the end of their life.

### Is the service well-led?

Good ●

This service was well-led.

There was clear leadership of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

There was a range of quality audit systems in place to measure the quality and care delivered.

# Compassion Care Service Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This first comprehensive inspection of Compassion Care took place on 18 and 19 December 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults.

One inspector undertook the inspection.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service; what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

On the first day of our inspection we visited the office to look at records and talk with the registered manager. On the second day, we undertook telephone calls to five people using the service and one relative. In addition, we spoke with the registered manager and three care and support staff.

We looked at the care records for four people who used the service and two medication records. We also

examined other records relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, quality assurance audits and complaints records.

# Is the service safe?

## Our findings

People told us they felt safe when staff were in their home. One person said, "The girls are lovely and I do feel safe with them." A second person told us, "They [meaning staff] look out for me. I'm safe at all times." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "I'm positive that [name of relative] is safe. I can relax and stop fretting. I know they are in safe hands."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would be more than happy to raise any worries." Records confirmed that staff had been provided with safeguarding training. There was a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered manager was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. One relative said, "They let [name of relative] take small risks so they can improve and do as much for themselves as they can so they stay independent."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "[Name of person] is at risk of falls. We make sure we follow their falls risk assessment and as they improve we continually review this." We saw that staff had received regular training in moving and handling and fall prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "I've never had a problem with the carers. They always turn up when they should. You can set your clock by them." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One commented, "I don't have to worry that they [meaning staff] won't turn up. They are very reliable and are always there when they say they will be."

Staff confirmed the staffing numbers were adequate; and enabled them to support people safely. One staff member said, "I think the staffing is very good. We do have time to do our jobs and a little extra time to always talk to people." Staff told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren't rushed or placed at risk. The registered manager told us, "If people's needs change I will make sure additional staffing is provided so that they get the care they need." We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. One staff member



said, "I had to wait a while before I could start. I was told this was because they had to wait for all my checks to come through." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been completed with the Disclosure and Barring Service (DBS). This demonstrated that steps had been taken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in files to show that staff were suitable to work with vulnerable people.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "I get my tablets when I need them." Another told us, "I get my medicine at the same time every day." Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I had the medication training which was very good. I feel safe and competent to give people their medicines."

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents; however, the registered manager told us there had not been any accidents or incidents so far. They also told us that any issues would be communicated with the staff team to ensure lessons were learnt and improvements made.

## Is the service effective?

### Our findings

People's care was assessed holistically to ensure their needs could be fully met. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered. They added that they always tried to involve family members and care managers, if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are excellent and very efficient. They have helped me to stay at home." Another person told us, "The staff know what to do to help me. I get good care and support from the carers." A relative commented that their family member had numerous healthcare needs and said, "The staff have been very good at making sure [name of relative] is well looked after. I am confident that [name of relative] is in good hands. It has given me peace of mind."

Staff told us they were well supported when they first started working at the service and had completed an induction to the organisation. One staff member said, "I felt well supported right from the start." Training records confirmed staff had received an induction and had on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get lots of support and there is always someone available to talk to." The provider confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files to confirm this.

People were supported by staff to have sufficient food and drink when they carried out a mealtime call. They knew the importance of making sure people were provided with the food and drink they wanted. One person told us, "They make me what I like. They always leave plenty of snacks and drinks before they go as well." Another explained, "They do really try to give me the food I like. They know what I prefer and are always willing to make it."

Staff understood their responsibilities to report someone who may be at risk of not eating or drinking enough. One staff member told us, "If I saw that someone was not eating their meals I would talk to them and their family and report it to the office. It might be that there is something wrong and they need to see the doctor." Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. We saw that people had input from a variety of professionals to monitor and contribute to

their on-going support. For example, we saw that people had been referred to the district nurse and their GPs when they needed extra support with their healthcare needs. We also saw the registered manager worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered. One person said, "The carers have helped me to get the doctor to come and see me." A relative told us, "I know if [name of relative] is not well the carers will contact me straight away. They will ask if it's okay for them to call the doctor." Staff told us if there was deterioration to a person's health, they would report it to the registered manager and if needed, they would contact the GP or health care professional for support or advice. One staff member told us, "I would look out for any changes to people's behaviour and if I was worried I would report my concerns." Records contained information about people's medical history and current health needs and their health needs were frequently monitored and discussed with them.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. One person told us, "They always ask me if it's okay to go ahead before they do anything." A member of staff commented, "I always ask people for their permission before I do anything, it is important to get people's consent."

## Is the service caring?

### Our findings

The service had a positive and caring culture that people, relatives and staff supported and promoted. People told us they were well supported and well cared for. One person said, "My carers are brilliant. They go the extra mile to do things for me without me having to ask." Another told us, "The carers have become like family and I really look forward to them coming." A relative commented, "I am very impressed at how good the carers are. I now have peace of mind which is so important."

All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their loved ones. One relative told us, "It's because of the carers [name of relative] has been able to stay at home and not go into care. As a family we are so grateful."

We saw compliments received from people and relatives who had used the service. One read, "The carers are my friends and a contact with the outside world." Another compliment was, "Thank you for all the support you have given [name of relative]. It is time for them to move on to the next chapter of their life and I'm sure [name of relative] will miss you being a part of it."

Staff were passionate about their jobs and reflected pride in their work. They talked about people in a way that demonstrated how they were committed to supporting people in any way they could. One member of staff said, "I love my job. The best thing about my job is helping people. I want to make a difference."

Staff understood the importance of promoting equality and diversity. Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support. One relative told us, "My [relative] can have their moods and sometimes won't listen to me if they need the doctor. The carers talk with them and help [relative] to understand and support me at the same time."

People were fully involved in making decisions about their own care. Regular reviews encouraged people to express their views about their care and be fully involved in how their support was delivered. We saw one comment in a person's review notes from the registered manager that read, "Your carers give excellent continuity and support. A+ for excellence."

People said staff supported them to make their own decisions about their daily lives. One person told us, "The staff will do anything I ask. I am a bit particular and like to do things a certain way. The staff respect that. It makes me feel that I have some control over my life still."

People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed support to make decisions or if they thought they were felt they were being discriminated against under the Equality Act.

Staff understood how to support people with dignity and they respected them. Without exception, people

told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "They always knock on my front door, and no-one ever just walks in." A relative told us they were confident that the staff promoted their relative's dignity and privacy. They said, "I have to say ten out of ten for how they treat [name of relative]. They are very respectful and make [relative] feel totally at ease in their company."

Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. One member of staff told us, "Respect is all about treating people how you want to be treated yourself." The registered manager confirmed staff's care practices were regularly observed to ensure they were upholding people's privacy and dignity. This was done through on task supervision where staff were observed providing care to people. This was only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us the service had a confidentiality policy that was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We all know about confidentiality and what can be discussed." Information was only shared about people on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

## Is the service responsive?

### Our findings

People told us they received good quality care that met their needs. One person told us, "If it wasn't for the carers I wouldn't be able to stay in my home." A relative commented, "I was really worried at the start that it wouldn't work but they [meaning staff] have been so good and are so caring I have no need to worry anymore. It's a huge relief and better than we could have hoped for."

There were supportive approaches to enabling and empowering people to meet their needs. Staff told us instead of doing things for people, such as helping them get up and dressed, they supported people to re-learn new skills and encouraged them to do as much as possible for themselves. One member of staff told us, "I always try to get people to do as much for them self as possible. It's very important for people to keep their independence as long as possible."

People's needs were assessed prior to them receiving a care package and information from the needs assessment was used to develop a care plan. We found that care plans provided staff with information about people's needs and how to meet them. The registered manager told us that when there was a change to a person's needs, the care plan was updated to reflect the change. Staff were made aware of any changes to ensure people received the relevant care and support.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature in easy read format if it was required and one person had already received information in enlarged print.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I don't have anything to complain about but I would feel very comfortable talking to [name of manager] if I wasn't happy." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that two complaints had been received by the service. Records showed this had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome.

The staff team had received training on end of life and palliative care and a policy was in place to help them support people appropriately. The registered manager informed us that one person was receiving end of life care. A staff member told us they had recently been supporting this person and told us the registered manager had been supportive. They said, "You know there is always someone at the end of the phone if you need them."

## Is the service well-led?

### Our findings

The service had a registered manager. The provider for the service was also the registered manager. They had a clear vision about the service and how they wanted it to develop in the future. The registered manager said they did not want the service to grow too quickly because they felt this might impact on the quality of care provided.

People were very positive about the care they received. One said, "It's the best care you could get. They should all be like this one." Another person commented, "The best. You couldn't get better." A relative told us, "I'm very impressed. The best care we could have hoped for. We have peace of mind and the care is just right."

People told us they felt they were included and valued and received the care and support they needed to help them live as independently as possible. One person said, "I have improved a lot. Thanks to all the special care I get I'm so much better." Another person commented, "I think the service is second to none. I have everything I need." Many people complimented the registered manager for their kindness and support. Everyone we spoke with knew who the registered manager was.

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "It's all the extra little things that the staff do that make it such a good service. They will empty the bins, or put the washing in the tumble drier. They don't need to but that's how they are."

Staff told us the registered manager ensured the culture at the service was open and transparent and they were positive about the leadership of the service. They also told us the registered manager was approachable and supportive and acted on suggestions made. Staff felt when they had issues they could raise them and felt they would be listened to. One staff member told us, "The [registered] manager is very open and always around if you want to talk with them. They work hands on and know what we do and what the challenges can be. We are encouraged to be open and talk about things." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Staff told us they felt valued and respected by the registered manager. One staff member said, "They [meaning the registered manager] treat us with respect and listen to what we have to say." Regular staff meetings were held and staff were able to exchange information and share best practice ideas. This was to make them aware of any new initiatives or changes taking place in the service.

The registered manager told us they were in the process of introducing champions in different areas of care. For example, a safeguarding champion and a medication champion. This was still in the early stages of development and had not yet been fully implemented.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

People were regularly asked to comment on the quality of their care. This was gained using satisfaction surveys and when staff received spot checks of their work. During spot checks, feedback was gained from both the staff member and the person receiving care. One staff member told us, "We get regular spot checks and we don't know when they will take place. It keeps you on your toes."

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. For example, when a person needed to go into hospital they shared all relevant information relating to the persons condition with other healthcare professionals. For example, what medication they were taking.

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way.